VAN BUREN SWIM INSTRUCTION

CHILD'S NAME: _____ AGE: _____

ADDRESS:_____ CITY:_____STATE_____ZIP_____

PHONE NUMBER - DAY: _____ EVENING: _____

PLEASE CIRCLE YOUR CHOICE OF CLASS

SESSION III **July 22 - August 2, 2019**		**SESSION IV** **August 5 - August 16, 2019**	
7:00-7:30pm	**LEV. 1**	7:00-7:30pm	**TURTLE TOT**
7:00-7:40pm	**LEV. 2, LEV.3**	7:00-7:40pm	**LEV.2, LEV.3**

REFUND POLICY: Refunds (minus a $10.00 administrative fee for one cancellation) for swimming lessons will be given up until the third class of a particular session **HAS BEGUN**, **regardless of whether the child has attended the first two!** If your child is not willing to stay in the program at the end of the second class, please stop by our office **before you return home that day and request a refund**! Once the third class has **STARTED**, there will be **NO** refunds given, for any reason. Lessons are run on a self-sustaining basis; enough children must register to cover the costs of running a class or it will be cancelled. If a class is cancelled due to insufficient enrollment, then class fees will be fully refunded. **This department reserves the right to cancel or combine classes if necessary.**

I AM AWARE OF THE INHERENT DANGERS INVOLVED IN SWIMMING ACTIVITIES AND WARRANT THAT MY CHILD IS IN GOOD PHYSICAL CONDITION. I UNDERSTAND THAT NO MEDICAL INSURANCE IS INCLUDED AS A PART OF THIS PROGRAM AND WILL NOT HOLD THE TOWN OF VAN BUREN LIABLE FOR ANY INJURY ARISING OUT OF PARTICIPATION IN THE PROGRAM.

I DO HEREBY GIVE MY CHILD PERMISSION TO PARTICIPATE.

PARENT'S SIGNATURE:_____

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FEE: _____ RECEIPT NUMBER: _____ DATE: _____

RESIDENT _____ ($40.00) NON-RESIDENT _____ ($45.00)